

# Kentucky State Cost Share Application

Office Use Only

Application ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address Mailing: \_\_\_\_\_

Phone: Home \_\_\_\_\_

Farm Location (If  
different than above): \_\_\_\_\_

Cell \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

2. Farm Number: \_\_\_\_\_

Tract Number: \_\_\_\_\_

3. Is applicant member of a DOC certified Ag District? \_\_\_\_ Yes \_\_\_\_ No

4. Does applicant own other farms? \_\_\_\_ Yes \_\_\_\_ No

5. Is this a new farm operation? \_\_\_\_ Yes \_\_\_\_ No

6. Does this practice involve a partnership or joint venture with others? \_\_\_\_ Yes \_\_\_\_ No

7. Is applicant willing for cost share practice to be a part of a field day or demonstration?  
\_\_\_\_ Yes \_\_\_\_ No

8. Does applicant have an existing conservation plan, compliance plan, or forest  
stewardship plan? \_\_\_\_ Yes \_\_\_\_ No

9. Does applicant have an Agriculture Water Quality Plan on file in the Conservation District office?  
\_\_\_\_ Yes \_\_\_\_ No

10. Has landowner requested other cost share assistance on this practice? \_\_\_\_ Yes \_\_\_\_ No

11. Other sources of possible funding: \_\_\_\_ 319(h) \_\_\_\_ EQIP \_\_\_\_ WHIP \_\_\_\_ CRP \_\_\_\_ MRBI  
\_\_\_\_ Local District \_\_\_\_ Other

12. Had the applicant received State Cost Share Funds previously? \_\_\_\_ Yes \_\_\_\_ No

13. Number of years application has been filed and not received approved cost share? \_\_\_\_ years

14. Is request for a Corrective Measures Action or due to a NOV (Notice of Violation)?  
\_\_\_\_ Yes \_\_\_\_ No

15. Animal Numbers

Type of Animal	Quantity

16. Practice Requested:

Practice Symbol	Practice Name

I request cost share assistance under this program to solve the problem described above. The practice is needed to conserve soil and water resources on the farm identified above and could not be performed to the extent requested and needed without state cost-sharing. I understand that in order to receive state cost share funds, the practices must be installed to NRCS standards and specifications and must be certified by an NRCS engineer. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost share assistance paid to me, as determined by the local conservation district, if before the expiration of the specified practice life span I (a) destroy the approved practice, (b) cease to use the practice for its intended purpose or (c) voluntarily relinquish control of title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its life span.

\* Note: No applicant or operation shall be awarded more than \$20,000 per program year.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Kentucky State Cost Share Application

## 1. Location

Application ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

- a. 14-Digit Watershed: \_\_\_\_\_  
b. Distance from open sinkhole: \_\_\_\_\_  
c. Topo Quad: \_\_\_\_\_  
d. Watershed or area special designation: \_\_\_\_\_  
e. Latitude (N/S): \_\_\_\_\_ Longitude (E/W): \_\_\_\_\_

## 2. Problem

- a Problem Type: \_\_\_\_\_ b. Type of Water Body: \_\_\_\_\_  
c Pollution Severity: \_\_\_\_\_ d. Distance from Water Body: \_\_\_\_\_

## 3. Extent:

### a Animal Waste:

Livestock Type:	
Confinement Months:	
Animal Units:	
AUM Confinement:	

### b Sediment (Sheet & Rill):

Before (tons/ac/year):	
After (tons/ac/year):	
Acres to Which Rate Applies:	
Total Soil Savings (tons/year):	

### c Gully Erosion (other erosion):

Before (tons/ac/year):	
After (tons/ac/year):	
Acres Affected:	
Total Soil Savings (tons/year):	

### d Nutrients (inorganic- N,P,K)

Before (N,P,K/ac/year):	
After (N,P,K/ac/year):	
Acres Affected:	
Nutrient Reduction (N,P,K/yr)	

### e Pesticide / Toxins:

Crop Code:	
Tillage Code:	
Acres Affected:	
Rating:	

4. Is livestock present on this operation? \_\_\_\_ Yes \_\_\_\_ No

5. This Practice is needed and is practical to solve the problem identified and can be installed according to NRCS conservation practice standards and specifications? \_\_\_\_ Yes \_\_\_\_ No

## Kentucky State Cost Share Application

Name: Application #

Address: Farm #  
Tract #

Phone:

Location County: Watershed:

Topo Quad Name: GPS (Lat/Long):

Practice(s) Requested.

Practice	Code	Practice/Activity Type	Unit	# of Units	Cost

Eligible Cost Share Amount: \$\*\*\*\*\*

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Applicant Date  
Signature

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NRCS Representative Signature Date

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Conservation District Supervisor Date  
Signature

**\* This page can be printed after application has been entered electronically.**

Name: \_\_\_\_\_ Farm #: \_\_\_\_\_ Tract #: \_\_\_\_\_ Application ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### A. Practice Approval Information

Funds Requested: \$ \_\_\_\_\_ Funds Approved: \$ \_\_\_\_\_

Practice Installation Deadline: \_\_\_\_/\_\_\_\_/\_\_\_\_

### B. Installation Information

**1. Practice and Components Actually Installed:** NRCS representative complete page 6 of the SPC 245 application that identifies the conservation practice, units applied, estimated payment, actual cost, and actual payment information. The estimated payment rate will be supplied from the online version of the State Cost Share application. This payment estimate is for comparison to the actual bills furnished to the district by the applicant for the practice.

**2. Performance Report:** The conservation practices and components listed on SCP-245 Page 3 and/or 6 have been inspected by NRCS personnel. This practice installation meets NRCS technical standards, specifications, and is completed in accordance with approved plans furnished for this practice? \_\_\_\_ Yes \_\_\_\_ No

**3. Date Performed:** The practice was completed to NRCS technical standards on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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NRCS Representative Signature

Date

Total Installation Cost: \$ \_\_\_\_\_ Cost Share Payment: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Social Security # of person receiving cost share funds: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
or Tax I.D. #

### C. Conservation District Payment Approval

Following a review of technical certification, cost comparison figures furnished by NRCS and the applicants receipts furnished to the district, this practice has been performed to the extent required by the policy set forth in the Administrative Regulations established for the Kentucky Soil Erosion & Water Quality Cost Share Program, and is approved for the cost share payment as shown.

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Chairman, Conservation District

Date

## Certification and Maintenance

1. Did you bear all the expenses (except for program cost-sharing) of performing this practice? \_\_\_\_ Yes \_\_\_\_ No

If No, report name and address of the other person(s) or agency who bore any part of the expenses. Also show kind, extent of, and value of their contribution.

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### 2. Performance Maintenance Agreement:

I certify that the above information is true and correct. I further certify that the entries on Page 4 show that the practice was performed in accordance with the practice specification and other program requirements. I hereby apply for payment to the extent that the Conservation District had determined that the practice has been performed. **I agree to maintain this practice for at least \_\_\_\_\_ years following the year the practice is completed.** I agree to refund all or part of the cost share assistance paid to me as determined by the Conservation District if, before the expiration of the practice's life span specified above, I (a) destroy the practice installed, (b) cease to use the practice for its intended purpose, or (c) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree, in writing, to properly use and maintain the practice for the remainder of its specified life span.

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**Signature, Approved Applicant**

**Date**

# Kentucky State Cost Share Application

## Final Payment Information

Name: \_\_\_\_\_

Application Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

[illegible]